Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL				Applic	Application Number 10/589,146					
					Filing Date 3/15/2007					
For FY 2009					First Named Inventor Kaspar Haltiner					
Applicant claims small entity status. See 37 CFR 1.27					ner Name	William Ray Harp				
				Art Ur	nit	2627				
TOTAL AMOUNT OF PAYMENT (\$) 1175.00				Attorn	Attorney Docket 0115 - 062349					
METHOD OF PAYM	ENT (check a	all that apply)								
Check Cre	edit Card	Money Orde	r No	ne 🔲	Other (please ide	ntify):	· · · · · · · · · · · · · · · · · · ·			
Deposit Account				50	Deposit Account					
	-	_			uthorized to: (cl		apply)			
	e fee(s) indicat					(s) indicated		cept for the	filing fee	
Charg	e any additiona	l fee(s) or under	payments of	fee(s)		overpayment				
under UMARNING: Information of	37 CFR 1.16 a		adit cord i=f=	action at a	-	• •				
information and authorization	on on PTO-2038.	recome public. Cr	cuit card inforn	iation Shou	ia not be included of	i inis iorm. Pr	oviae credit	card		
TEE CALCULATION	(All the fees	below are due	upon filing	or may b	e subject to a su	rcharge.)				
1. BASIC FILING, S			TION FEES							
FILING FEES SEARCH I										
Application Type		nall Entity Fee (\$)		ll Entity ee (\$)	<u>S</u> Fee (\$)	mall Entity Fee (\$)		Eass I	aid (\$)	
Utility Utility	330	82	540	270	220	110		rees I	aiu (3)	
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85		•		
Reissue	330	165	540	270	650	325				
Provisional	220 EEEC	110	0	0	0	0				
2. EXCESS CLAIM : Fee Description	FLLS							Fac (E)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues) 52									26	
Each independent claim over 3 (including Reissues)								220	110	
Multiple dependent cla	ims							390	195	
Total Claims - 2	20 or HP	Extra Claim	s Fee (<u>\$)</u>	Fee Paid (\$)]	Multiple D	ependent Clair	
-			_ x		-			Fee (\$)	Fee Paid (
HP = highest number of	total claims paid	for, if greater than	1 20.							
Indep. Claims -3	3 or HP	Extra Claim		<u>(\$)</u>	Fee Paid (\$)		******		-	
HP = highest number of	independent clair	ns paid for if ore	X	=						
3. APPLICATION SI	IZE FEE									
If the specification	and drawings	exceed 100 sh	eets of paper	(excluding	ng electronically	filed sequen	ce or com	puter listin	gs under	
See 35 U.S.C.	i), une applica 41(a)(1)(G) ar	tion size fee du nd 37 CFR 1.16	ie is \$2/0 (\$] 5(s).	33 for sm	nall entity) for ea	cn additiona	1 50 sheet	s or fraction	thereof.	
Total Sheets	Extra Sho			ach addi	tional 50 or frac	tion thereof	Fee	e (\$)	Fee Paid (\$)	
- 100	=	/ 50 =		(round	up to a whole num	iber) x		-		
4. OTHER FEE(S)	•								Fees Paid (§	
Non-English Spe	-	\$130 fee (no s		liscount)						
Other (e.g., late f	iling surcharg	e): Extension o	f Time fee.						\$1175.00	
SUBMITTED BY										
A country of the coun	11/1	1/1	1. 01	Res	gistration No.		· · · · · · · · · · · · · · · · · · ·	S4000000000000000000000000000000000000		
Signature	VV VL	4/	De la constantina della consta		torney/Agent)	22,132	Telepho	one 4	2-471-8815	
Name (Print/Type)	William H	. Logsdøn	ノ				Date	Inly	16, 2009	